

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ORIGINAL OR AMENDED STATEMENT OF ORGANIZATION FORM FOR POLITICAL PARTY COMMITTEES

| Committee ID #: Type of Filing: | 10. ☐ REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in a calendar year and checks this box; the filing requirement of pre, post, annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. |
|---|---|
| ☐ Original ☐ Amendment to Items: Eff. Date:// | Name and Address of Depositories or Intended Depositories of committee funds. |
| 3. Type Of Committee (check only one): | a. Official Depository |
| □ County Political Party: Name of County: □ Congressional District Political Party: District #: □ State Central Political Party | |
| 4. Date Committee was Formed:// | b. Secondary Depository |
| 5. Full Name of Committee: | |
| 6. Complete Committee. Mailing Address (May be PO Box): | 12. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only. The Campaign Finance Act requires any committee that files with the |
| 7.Complete Committee. Street Address (May not be PO Box): | Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to spend or receive \$20,000 in the current calendar year to file campaign statements electronically. MERTS Plus software is provided to you free of charge to assist you in meeting this requirement. |
| | Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically. |
| | ** OR ** |
| Committee Phone #: () Committee Fax #: () | □ Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily. 13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate |
| Committee E-mail Address: | and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that |
| 8. Treasurer Name and Complete Address: | verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date below) |
| | Current Treasurer: |
| Phone #: () | |
| | |
| E-mail Address: | |
| E-mail Address: 9. Designated Record Keeper Name and Complete Address: | Designated Record Keeper (Required only if filing electronically): |
| | |
| 9. Designated Record Keeper Name and Complete Address: | |
| | Designated Record Keeper (Required only if filing electronically): |

INSTRUCTIONS FOR COMPLETING THE STATEMENT OF ORGANIZATION FOR POLITCIAL PARTY COMMITTEES

Michigan's Campaign Finance Act, P.A. 388 of 1976, covers a "group" operating within Michigan or out-of-state as soon as it receives or spends \$500.00 or more in a calendar year to influence voters for or against the nomination or election of one or more candidates in Michigan or the qualification, passage or defeat of one or more ballot questions in Michigan. The term "group" is used to mean a business, proprietorship, firm, partnership, joint venture, syndicate, labor organization, company, corporation, association or two or more individuals who act jointly. As soon as a group reaches the \$500.00 threshold detailed above, it has 10 calendar days to form and register a "committee" under the Act. A group that is covered by the Act registers a committee by filing this form with the appropriate filing official.

TYPES OF POLITICAL PARTY COMMITTEES

State Central Political Party Committee: The official state organization of a political party. The Campaign Finance Act permits each political party to have 1 State Central Political Party Committee.

Congressional District Political Party Committee: An officially designated congressional district organization of a political party. The Campaign Finance Act permits each political party to have 1 Congressional District Political Party Committee for each congressional district in the state.

County Political Party Committee: An officially designated county organization of a political party. The Campaign Finance Act permits each political party to have 1 County Political Party Committee for each county.

WHERE TO FILE THIS FORM

Two copies of this form must be filed when registering a committee. All Political Party Committees file with the Michigan Department of State, Bureau of Elections, Post Office Box 20126, Lansing, Michigan 48901. Office location: Treasury Building, 1st Floor, 430 West Allegan Street, Lansing, Michigan 48918. Phone: 517/373-2540.

NOTE: The information contained on the Statement of Organization must be kept up-to-date. If a change in the information takes place, an amendment to the form must be filed no later than the due date of the first Campaign Statement required of the committee after the change. An amendment must be signed by the treasurer serving at the time of the change. If the treasurer is changing, the amendment may be signed by the new treasurer.

INSTRUCTIONS

Type or clearly print in ink all information requested on the Statement of Organization form. Each entry on the form is discussed below.

- **ITEM 1.** On the original Statement of Organization, leave this item blank. An identification number will be assigned to the committee by the filing official. If an identification number has been assigned to the committee, enter it in Item 1.
- ITEM 2. Indicate whether this is an original Statement of Organization filing or an amendment to a Statement of Organization already on file. If an amendment, list the number of the Item(s) affected and the date the change took place. If filing an amendment, complete Item 2, the item(s) affected and Items 1, 3 and 14.
- ITEM 3. Check one box to indicate the type of committee being registered. Enter the county or district number when applicable.
- ITEM 4. Enter the date the committee was formed in Michigan. The original Statement of Organization form must be received by the filing official within 10 calendar days after the committee's formation date. Late filing fees are assessed at a rate of \$10.00 per business day if the form is filed late.
- ITEM 5. Enter the committee's official name. Do not use initials or abbreviations.
- **ITEM 6.** Enter the committee's mailing address if different from the committee's street address. A post office box is acceptable as a mailing address. All mail from the filing official will be directed to the committee's mailing address as shown in Item 6.
- **ITEM 7:** Enter the committee's street address. A post office box **is not** acceptable. (List the treasurer's home address if no other address is available.) Enter the committee's area code, phone number, Fax number and E-mail address.
- ITEM 8. Enter the full name and mailing address, a daytime phone number and email address of the committee's treasurer. The committee's treasurer must be a qualified elector of Michigan if the committee conducts business through an office or facility located in Michigan. The committee treasurer does not have to be a Michigan resident if the committee does not conduct business through an office or facility located in Michigan. A committee that wishes to have a treasurer who is not a Michigan resident is required to file an "irrevocable written stipulation" with its Statement of Organization. Further information on this requirement can be obtained from your filing official.
- ITEM 9. List the name, mailing address, area code and phone number and email address of the person who will be responsible for the committee's records and Campaign Statement filings. If the committee treasurer will personally handle these responsibilities, leave this item blank. A person designated in this item may sign Campaign Statements but does not have the authority to sign the Statement of Organization forms in place of the treasurer.
- ITEM 10. Check the box to request a Reporting Waiver. If Item 10 is checked and the committee does not exceed the \$1,000.00 threshold for a calendar year, the committee is granted a Reporting Waiver. A committee that never loses its Reporting Waiver by exceeding the \$1,000.00 threshold is not required to file a Campaign Statement until it dissolves, except for Late Contribution Reports. If the committee spends or receives more than \$1,000.00 for a calendar year or incurs debt over \$1,000.00, the Reporting Waiver is automatically lost and the committee will owe the next Campaign Statement due after losing the waiver.
- ITEM 11. In Item 11a, enter the name and address of the Michigan bank, savings and loan association or credit union that the committee now uses or intends to use as its "official depository." The committee's official depository must be located in Michigan. In Item 11b, list the names and addresses of any "secondary depositories" the committee currently uses or intends to use. A secondary depository may be used only for the deposit of contributions (for example, as a temporary holding place for receipts from a joint fund raiser); it may not be used for committee expenditures.
- ITEM 12. Read this section carefully and check the appropriate box. Committees filing with the county clerk's office, skip to Item 13.
- ITEM 13. Enter the treasurer's name where indicated. The form must be signed and dated by the current committee treasurer.